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**OCT 25 2006**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Thomas Shiaw-Cherng Chiang	Confirmation No. 3354
Serial No.:	10/617,086	Patent No. 7,015,943
Filed:	July 11, 2003	Issued: March 21, 2006
For:	Premises Entry Security System	

Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST  
(REVOCATION OF PRIOR POWERS)**

As assignee of record of the entire interest of the above identified patent,

**REVOCATION OF PRIOR POWERS OF ATTORNEY**

all powers of attorney previously given are hereby revoked and

**NEW POWER OF ATTORNEY**

the following attorney(s) and/or agents(s) are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected herewith.

NIKOLAI & MERSEREAU, P.A., Customer No. 23595  
Alan D. Kamrath, Reg. No. 28,227

Please direct all telephone calls and correspondence to: Alan D. Kamrath, NIKOLAI & MERSEREAU, P.A., Suite 820 International Centre, 900 Second Avenue South, Minneapolis, MN 55402, Telephone No. (612) 392-7306.

U.S. Patent Serial No. 10/617,086

The assignee in this case is Thi Co Le by the attached Paction of Inheritance.

**ASSIGNEE CERTIFICATION**

In accordance with 37 CFR 3.73 the assignee hereby certifies that the documents with respect to its ownership have been reviewed and that, to the best of assignee's knowledge and belief, title is in the assignee seeking to take this action.

Dated: Sep. 5, 2006 By Le Thi Co  
Thi Co Le

## 協議書

立書人：黎氏嘉 (LE THI CO) 及蔣喬安 (David CHIANG)。為蔣孝誠 (身分證號碼：H102167079、西元 2005 年 5 月 20 日死亡) 之配偶及兒子，茲就雙方繼承蔣孝誠之下列專利權協議如下。

1. 蔣喬安 (David CHIANG) 聲明放棄繼承下列專利權，由黎氏嘉 (LE THI CO) 繼承

案 件 名 稱	國 別	申 請 日	申 請 案 號	類 別
母接頭結構	台灣	1999/04/23	88206389	新型
母接頭之結構	台灣	1999/04/23	88206391	新型
一種改良之門禁 視訊保全系統與 方法	台灣	2003/11/04	92130732	發明
	大陸	2003/09/24	03280114.9	新型
	美國	2003/07/11	10/617086	發明
	德國	2003/12/09	20319075.0	新型

2. 黎氏嘉 (LE THI CO) 聲明放棄繼承下列專利權，由蔣喬安 (David CHIANG) 繼承

案 件 名 稱	國 別	申 請 日	申 請 案 號	類 別
Mobile backup kit assembly	美國	2000/12/15	09/736458	發明

氏嘉

德全

立書人：

黎氏嘉 黎氏嘉

1. 黎氏嘉 (LE THI CO)

身分證號碼 (ID No.): AD01820216

地 址：台北市信義區基隆路一段 380 巷 30 號 6 樓

2. 蔣喬安 (David CHIANG)

身分證號碼 (ID No.): A126972575

地

址：北市大安區西華路1827號7F

代理人：陳德全

邱. 8. 27

西元

2006

年

8

月

21

日

## Paction

I/We the undersigned LE THI CO and David CHIANG do hereby declare that I/We myself/ourselves am/are the statutory spouse and child of Thomas Shiaw-Cherng CHIANG, who passed away on May 20, 2005 with ID No.: H102167079. With regard to the heir of Thomas Shiaw-Cherng CHIANG's patent rights, we have the paction as follows:

I the undersigned David CHIANG do hereby declare that I myself abandon to inherit the following patent rights which will be inherited by LE THI CO.

Title	Country	Filing date	Filing number	Classification
母接頭結構	Taiwan	1999/04/23	88206389	Utility Model
母接頭之結構	Taiwan	1999/04/23	88206391	Utility Model
Premises Entry Security System	Taiwan	2003/11/04	92130732	Invention
	China	2003/09/24	03280114.9	Utility Model
	USA	2003/07/11	10/617086	Invention
	Germany	2003/12/09	20319075.0	Utility Model

I the undersigned LE THI CO do hereby declare that I myself abandon to inherit the following patent rights which will be inherited by David CHIANG.

Title	Country	Filing date	Filing number	Classification
Mobile backup kit assembly	USA	2000/12/15	09/736458	Invention

陳  
陳

Declarer: Le Thi Co

LE THI CO

ID No.: AD01820216

Residence: 6F., No.30, Lane 380, Sec. 1, Keelung Rd., Sinyi District, Taipei City 110,  
Taiwan (R.O.C.)

Declarer: 陳 錦 全 Deputy

David CHIANG

ID No.:

Residence:

Dated this 21th day of Aug., 2006

案號 : 001266 日期 : AUG 21 2006  
Case No: 001266 Date: AUG 21 2006  
本文件之簽名或蓋章，在台灣台北地方法院所屬民間  
公證人忠孝聯合事務所認證。 公證人 鄭艾倫  
Attested at the Chung-Hsiao Notary Public Office of  
Taiwan Taipei District Court, R.O.C., that the  
signature(s)/seal(s) in this document is/are  
authentic.

Notary Public

Cheong, Ai-Lun



6FL-8, No.285, Sec.4, Chung-Hsiao E. Rd, Da-An  
District, Taipei City, Taiwan 106, R.O.C.

# TAIWAN R.O.C. STANDARD CERTIFICATE OF DEATH

Registration No. (dept. use only)

4540446

P4121x3

## TO BE FILLED OUT BY ISSUER

1. DECEDENT'S NAME (First, Middle, Last) Thomas Shiao-Cherng Chiang		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. IDENTIFICATION NUMBER H102167078
4. REGISTERED PERMANENT RESIDENCE (Street and number, city, town, country) Floor 6, NO. 30, Lane 380, Section 1, Jil Long Road, Taipei			
5a. DATE OF BIRTH (Month, Day, Year) 4. 27. 1952		5b. TIME OF BIRTH (For death within one week after birth) <input type="checkbox"/> AM <input type="checkbox"/> PM Hour Minutes	
6a. DATE OF DEATH (Month, Day, Year) 5, 20, 2005		6b. TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM Hour Minutes	
7a. LOCATION OF DEATH (Street and number, city, town, country) SICU NTUH		7b. PLACE OF DEATH <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Midwifery Center <input type="checkbox"/> Own Residence <input type="checkbox"/> Others	
8. MANNER OF DEATH <input checked="" type="checkbox"/> Death from Illness or Natural Death <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			
9a. KIND OF BUSINESS/INDUSTRY Nil		9b. DECEDENT'S USUAL OCCUPATION Nil	
10. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
11. CAUSE OF DEATH (Enter the diseases, injuries, or complications that caused the death. Do not enter the mode dying, such as heart failure or respiratory arrest.)			Approximate Interval between Onset and Death
<b>PART I.</b> <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. Heart failure DUE TO (OR AS A CONSEQUENCE OF):			
<b>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST</b> b. Coronary heart disease DUE TO (OR AS A CONSEQUENCE OF):			
c. Nil			
<b>PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.</b> Nil			

THIS IS TO CERTIFY THAT THE ABOVE STATEMENT IS TRUE.

Name and License Number of Certifying Physician:

Name and Practice License Number of Hospital (Clinic):

National Taiwan University Hospital

Address of Hospital (Clinic):

7, Chung-Shan South Road, Taipei, Taiwan, 100 Republic of China

Date Signed (Month, Day, Year):

94. 12. 13

Yu Chang Yeh 029550

民國90年7月24日病歷委員會審核通過

## 國立臺灣大學醫學院附設醫院

## 死亡證明書

病歷號碼: 4540446

死亡證字 0478 號 X-10

證明書開具單位填寫				衛生單位註碼
(一)姓名	葉孝誠	(二)性別	<input checked="" type="checkbox"/> 男 <input type="checkbox"/> 女	(三)國民身分證 統一號碼
四戶籍所在地	台北市 縣 市 區 鄉鎮 村 里 街 一段 巷 弄 30 號之 6 樓			縣市 鄉鎮
出生年月日時	民國 前 年 月 日 時 分 (出生後未滿一星期死亡者需填寫時間)			年 月 日
死亡年月日時	民國 玖 拾 肆 年 伍 月 貳 拾 日 上午 時 分 下午 時 分			年 月 日
死亡地點及場所	國立臺灣大學醫學院附設醫院 外科			
(八)死亡種類	<input checked="" type="checkbox"/> 醫院 <input type="checkbox"/> 診所 <input type="checkbox"/> 助產所 <input type="checkbox"/> 自宅 <input type="checkbox"/> 其它			
(九)死亡者行職業	<input checked="" type="checkbox"/> 病死或自然死 <input type="checkbox"/> 意外死 <input type="checkbox"/> 自殺 <input type="checkbox"/> 他殺 <input type="checkbox"/> 不詳			
(十)死亡者婚姻狀況	<input type="checkbox"/> 在何處工作從事何種行業 <input type="checkbox"/> 擔任何種工作及職務			職業碼
	以下空白			
	<input type="checkbox"/> 未婚 <input checked="" type="checkbox"/> 已婚 <input type="checkbox"/> 離婚 <input type="checkbox"/> 配偶死亡 <input type="checkbox"/> 不詳			
(二)死因	1. 直接引起死亡之疾病或傷害 甲、心臟衰竭 以下空白 乙、(甲之原因): 冠状動脈心臟病 以下空白 丙、(乙之原因): 2. 其他對於死亡有重要關係之身體狀況 (與直接死因無直接關係者) 以下空白			原死亡註碼
以上各項均屬無誤特此證明	醫師姓名及證書字號: 葉育彰 診所地址: 台北市中山南路七號 診斷醫師 葉育彰 DTPC37 外科主任 葉育彰 DTPC37 院所地址: 台北市中山南路七號 中華民國 玖 拾 肆 年 伍 月 貳 拾 日			診斷或證明者身分代表
	填表人蓋章			

註: 死因將來如發現錯誤, 惟錯誤係在當時難以避免情況下發生時, 診斷者不負法律上之責任。

## INSTRUCTIONS

1. This certificate shall be filled out after death by physician of hospital (clinic) or administrative and judicial official attending autopsy.
2. For either administrative or judicial official attending autopsy, items 11 and 12 shall be certified by the person attending autopsy and his/her institution.
3. Each item shall be filled out and information in all items shall be in agreement.

4. Instruction for selected items:

**Item 5b. -- TIME OF BIRTH :**

Enter the exact time that death occurred if under 1 week.

**Item 9a. -- KIND OF BUSINESS/INDUSTRY :**

Enter the kind of business or industry to which the occupation listed in item 9b was related, such as fishing, financing, public agency and national defense, or retail trade.

**Item 9b. -- DECEDENT'S USUAL OCCUPATION :**

Enter the recent occupation of the decedent, such as director and chief executive, computer programmer, teacher, ocean fishery worker, plasterer, or cook.

**Item 11 -- CAUSE OF DEATH :**

In *Part I*, the immediate cause of death is reported on line (a). Antecedent conditions, if any, that gave rise to the cause are reported on lines (b) and (c). Not entering is necessary on lines (b) and (c) if the immediate cause of death on line (a) describes completely the sequence of events. Only one cause should be entered on a line. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the space for the interval blank; if unknown, so specify.

In *Part II*, enter other important diseases or conditions that contributed to death but did not result in the underlying cause of death given in *Part I*.